

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003191 (3)**

1. Corporation Name  
**CIVIC CENTER TRANSPORTATION MANAGEMENT ORGANIZATION, INC.**

Principal Place of Business <b>PROFESSIONAL ARTS CENTER 1150 NW 14 STREET MIAMI FL 33136 US</b>	Mailing Address <b>P O BOX 016960 (R-61) MIAMI FL 33101 US</b>
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3. Date Incorporated or Qualified <b>06/23/1994</b>	3a. Date of Last Report <b>04/08/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>65-0524573</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POMBIER, EDWARD C  
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE  
1800 NW 12TH AVENUE  
MIAMI FL 33136**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POMBIER, EDWARD C</b>
STREET ADDRESS	<b>PO BOX 016960 N/A</b>
CITY-ST-ZIP	<b>MIAMI FL 33101</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EWELL, ARDIE</b>
STREET ADDRESS	<b>950 NW 20TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33127</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VIDAL, ARMANDO</b>
STREET ADDRESS	<b>111 NW 1ST STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ODIO, CESAR</b>
STREET ADDRESS	<b>3500 PAN AMERICAN DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ALEMAN, RALPH</b>
STREET ADDRESS	<b>1400 NW 12TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33136</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VISIEDO, OCTAVIO J</b>
STREET ADDRESS	<b>1450 NE 2ND AVENUE, ROOM 403</b>
CITY-ST-ZIP	<b>MIAMI FL 33132</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

June 23, 1997 (305)243-6360

CR2E037 (9/96)